

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/3
O.I.P.E. CLASSIFIER	DM	780	10/11
FORMALITY REVIEW	MM	0316811	11/2/00
RESPONSE FORMALITY REVIEW	3m		05/21/03

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	10/5	
2	✓	10/5	
3	✓	10/5	
4	✓	10/5	
5	✓	10/5	
6	✓	10/5	
7	✓	10/5	
8	✓	10/5	
9	✓	10/5	
10	✓	10/5	
11	✓	10/5	
12	✓	10/5	
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If more than 150 claims or 10 actions  
staple additional sheet here

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